

Special Licensing and Firearms Unit



PISTOL PERMIT/ELIGIBILITY CERTIFICATE APPLICATION

(Pursuant to C.G.S. §§ 29-28 et. seq., 29-36 et. seq., and 53a-217 et. seq.

firearms. These can be accessed on the Internet at www.cga.ct.gov . or through your local library.							
Type of Permit Requested:							
Check Box: Government Govern							
Instructions:							
Instructions for State Pistol Permits:	Instructions for Non-Resident State Pistol Permits: (Call DESPP for packet)	Instructions for Eligibility Certificates to Purchase Pistols or Revolvers and/or Eligibility Certificates to Purchase Long Guns:					
 Complete this form (DPS-799-C) and submit to appropriate local authority (local police, resident state trooper or first select person, as applicable) along with all of the following: Firearms Safety & Use Course Certificate; \$70.00, fee, payable to the local authority; and Proof you are legally and lawfully in the United States (e.g., certified copy of birth certificate, U.S. passport or documentation issued by I.C.E.). Submit fingerprints for a criminal history check through a law enforcement agency. Fees include a \$50.00 fee and a \$12.00 fee, payable to Treasurer, State of Connecticut at the agency where the prints are taken. Fees must be paid by separate checks. Upon approval, the local authority will issue a Temporary State Permit to Carry Pistols and Revolvers (DPS-11-C), effective for 60 days. Within the 60 day period, go to a DESPP, Division of State Police, pistol permit location and submit the following: The Temporary State Permit to Carry Pistols and Revolvers (DPS-11-C) issued by the local authority; A completed Application for State Permit to Carry Pistols and Revolvers (DPS-46-C); \$70.00 fee, payable to Treasurer, State of Connecticut; Proof you are legally and lawfully in the United States (e.g., certified copy of birth certificate, U.S. passport or documentation issued by I.C.E.); and Proof of valid state issued photo identification card. 	You must hold a valid permit or license to carry a pistol or revolver issued by a recognized United States jurisdiction. Complete this form and submit to DESPP, Division of State Police, pistol permit location along with all of the following: Completed State of CT and Federal fingerprint card with \$50.00 fee and \$12.00 fee, payable to Treasurer, State of Connecticut for criminal history background checks; Firearms Safety & Use Course Certificate; \$70.00 fee, payable to Treasurer, State of Connecticut; Completed Application for State Permit to Carry Pistols and Revolvers form (DPS-46-C); Completed DPS-129-C signed and notarized and 2x2 color photograph (passport style); Copy of the permit or license to carry a pistol or revolver issued to you by a recognized United States jurisdiction; Proof you are legally and lawfully in the United States (e.g., certified copy of birth certificate, U.S. passport or documentation issued by I.C.E.);and Proof of valid state issued photo identification card. Out of State Pistol Permit Information: State of Issue: Expiration Date: Permit Number:	1. Complete this form and submit in person at DESPP Headquarters, Division of State Police, located at 1111 Country Club Road, Middletown, Connecticut along with the below: Firearms Safety & Use Course Certificate; S35.00 fee, payable to Treasurer, State of Connecticut; Application for a State Eligibility Certificate for a Pistol or Revolver or for Long Guns (DPS-164-C); Proof you are legally and lawfully in the United States (e.g., certified copy of birth certificate, U.S. passport or documentation issued by I.C.E.); and Proof of valid state issued photo identification card. 2. Submit fingerprints for a criminal history check through a law enforcement agency. Fees include a \$50.00 fee and a \$12.00 fee, payable to Treasurer State of Connecticut Fees must be paid by separate checks. 3. Your photograph and signature will be captured at DESPP and you will be issued an eligibility certificate, once the fingerprint response is received and your application has been approved.					
5. Upon approval, your photograph will be taken at DESPP and you will be issued a state pistol permit.	,						

For Department of Emergency Services and Public Protection (DESPP), Division of State Police, pistol permit locations, access www.ct.gov/despp and follow the link to the Special Licensing and Firearms Unit or call (860) 685-8290. Note: All payments must be made with separate checks.

Contact / Identifying Information:					
Name of Applicant					
Last Suffix					
First Middle Initial					
Provide all other names by which you have been known (Maiden name, Aliases, Nicknames, etc.) (Attach additional sheet(s), if necessary)					
Date of Birth Sex Height Weight Race: Month/Day/Year Mn M Ft. In. In. Black Asian/Pacific Islander Unknown Other					
Place of Birth City/Town Social Security Number (Optional, but will help prevent misidentification) State					
Country of Citizenship Alien Reg. Number (If applicable)					
Residential Address (List street address. Post office box numbers are not acceptable) Number/Street					
City/Town State Zip Code					
List Residential Addresses for the Last 7 Years (Attach additional sheet(s), if necessary) *Any subsequent changes of address must be reported within 48 hours to the Special Licensing and Firearms Unit					
1					
Mailing Address (If different from current residential address above)					
Number/Street					
City/Town State Zip Code					
Home Telephone Number Motor Vehicle Operator's License Number					
(CCC) CODE State of Issue					
Alternate Telephone Number					
(CCC) CCC Area Code					
Employment History:					
List Employers for the Last 7 Years (Provide employer's name, address and telephone number) (Attach additional sheet(s), if necessary) 1					
2. Permit or Eligibility Certificate History:					
Have you had a firearms permit, permit application or eligibility certificate of any kind from ANY jurisdiction in the United States denied, suspended or revoked? NO YES					
If "YES," provide:					
Identify the jurisdiction which issued the denial, suspension or revocation:					
2. Date of denial, suspension or revocation:					
3. The reason for the denial, suspension or revocation:					

Medical History:					
Have you been confined in a hospital for mental illness in the past sixty (60) months by order of a Probate Court? NO TYES If "YES," explain: (Attach additional sheet(s), if necessary)					
Have you been discharged from custody within the past twenty years after having been found not guilty of a crime by reason of a mental disease or defect? NO YES If "YES," explain: (Attach additional sheet(s), if necessary)					
Have you been voluntarily admitted to a hospital for mental illness within the past six (6) months for reasons other than solely for alcohol or drug dependence? NO YES If "YES," explain: (Attach additional sheet(s), if necessary)					
Notice: DESPP herein notifies the applicant that, pursuant to C.G.S. §§ 29-28 through 29-38b, DESPP will be notified by the Department of Mental Health and Addiction Services if the applicant has been confined to a hospital for psychiatric disabilities within the preceding sixty (60) months by order of Probate Court, or if the applicant has been voluntarily admitted to a hospital for mental illness within the past six (6) months for reasons other than solely for alcohol or drug dependence.					
Criminal History: Have you ever been ARRESTED for any crime, in any jurisdiction? NO YES If "YES," list all arrests, indicating charges, locations, dates of arrest and dispositions. (Attach additional sheet(s), if necessary)					
Notice: You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to C.G.S. §§46b-146, 54-76o, or 54-142a. If your criminal records have been erased pursuant to one of these statutes, you may swear under oath that you have never been arrested. Criminal records that may be erased are records pertaining to a finding of delinquency or that a child was a member of a family with service needs (C.G.S. 46b-146), an adjudication as a youthful offender (C.G.S. 54-76o), a criminal charge that has been dismissed or nolled, a criminal charge for which the person has been found not guilty, or a conviction for which the person received an absolute pardon (C.G.S. 54-142a).					
With regard to criminal history information arising from jurisdictions other than the State of Connecticut: You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased <u>pursuant to the law of the other jurisdiction</u> . Additionally, you are not required to disclose the existence of an arrest arising from another jurisdiction if you are permitted under the law of that jurisdiction to swear under oath that you have never been arrested.					
Have you ever been CONVICTED under the laws of this state, federal law or the laws of another jurisdiction? NO TYES If "YES," list all convictions, include charges, location, date of arrest, and disposition. (Attach additional sheet(s), if necessary)					
Are you currently on probation, parole, work release, in an alcohol and/or drug treatment program or other pre-trial diversionary program or currently released on personal recognizance, a written promise to appear or a bail bond for a pending court case? NO TYES If "YES," explain. (Attach additional sheet(s), if necessary)					
Within the past five (5) years, have you been the subject of a Protective Order or Restraining Order issued by a court in a case involving the use, attempted use or threatened use of physical force against another person, regardless of the outcome or result of any related criminal case?					
If "YES," which court issued the order?					
Military History:					
Were you ever a member of the Armed Forces of the United States? NO YES (If yes, please include a copy of your DD-214)					
Were you ever discharged from the Armed Forces of the United States with a <u>less than</u> Honorable Discharge? NO YES					

•		Proof of Training			
*Attach a copy of the letter or cert revolvers or long guns (as appropinstructor of the course. Instructor: (Check applicable box)	oriate, depending	that you have comp g upon which perm	oleted a course in the safety and it or certificate you are requesti	use of pistols and ing), signed by the	
☐National Rifle Association ☐Department of Energy and Env ☐Other:		•			
State Instructor's Name and ID No	ımber:			AMARIA BUTUNI AND	
		Declaration:			
I understand that any false statemer servant in the performance of his or that any statement in this application such application. If approved before statement. My signature below atte- application: I declare, under the penalties of fals	her official function that is determing the facts are known as to the accuracy	ion, is punishable by ned to be false or ina own, such approval cy, completeness an	v law (See CGS § 53a-157b). I fur accurate shall constitute grounds for shall be void if based on a false of and to the truth of all information su	ther understand or the denial of or inaccurate	
raciale, and an are periament of fale	o otatomont, mat				
Date	Sign	ned			
STATE OF					
31/112 31					
COUNTY OF		t Name			
Subscribed and sworn to before	e me this d	lay of	20		
Name: Notary Public My Commission Expires: Commissioner of Superior Court					
	NOTICE: A	ppeal Process fo	or Permits		
In the event that your application Board of Firearm Permit Examine OR (860) 256-2947, in writing, wi before the Board, you may reque certificate be reinstated.	ers, at 20 Trinity thin ninety (90)	/ St., 5 th Floor, Ha days, in order to	rtford, CT 06106. Telephone: (& begin your appeal process. At	360) 256-2977 a hearing	
	F	or Official Use Only:			
Application Received:	FBI Sent:	□No □Yes	Application Status:		
Month/Day/Year	FBI Reply: ICE Response: DMHAS:	No	Approved Denied		
	SPBI: Number :	□No □Yes	(Signature and title of issuing author	prity)	